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HOUSE HUMAN SERVICES APPROPRIATIONS COMMITTEE
JOINT HEARING WITH HUMAN SERVICES COMMITTEE
SUBJECT MATTER: Regarding the 1115 Medicaid waiver

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TESTIMONY OF THE ILLINOIS LATINO FAMILY COMMISSION

My name is Layla Suleiman Gonzalez, executive director of the Illinois Latino Family Commission. The Illinois Latino Family Commission (ILFC) is a non-partisan independent state commission established by P.A. 95-619 to improve the opportunities and resources available to Latino families throughout the state. In carrying out its legislative mandate, the ILFC advises the Governor and General Assembly and works directly with State agencies to ensure that policies, services, and programs are responsive to the Latino community. The ILFC focuses on legislation, policy analysis, program development, research and advocacy to promote the social and economic well-being of Latino families and the equitable representation of Latinos in decision making, employment, contracting, and resource allocation across the State.

Thank you very much for the opportunity to be here to share with you the perspectives and concerns of the Latino community. In general, we are supportive of the move towards transformation, innovation, integration and community based care. However, we are deeply concerned with the lack of inclusion of cultural and linguistic considerations throughout the proposed framework. We understand the framework presents a general approach and as others have testified, a great deal of the detail remains to be filled in. But we strongly believe that meaningful access, which is the federal standard under civil rights law, should not be

a “detail” but rather a framing principle. It is a federal requirement and consideration throughout the document will serve to strengthen the proposal to the federal government.

Moreover, it will assure the Latino community that they are not an “afterthought” or “detail” to be filled in later, but part of the intentional design of the initiative. Decades of this approach have left Latinos underserved and the bilingual/bicultural infrastructure in Latino communities under resourced, resulting in significant disparities in access, quality and outcomes in health and behavioral health.

The dramatic demographic shifts in the state warrant an intentional approach. I would like to share some brief demographic information regarding the Latino population. While Whites and African Americans have shown declines in population, the Latino population has grown by almost 30% or 500,000 in the last decade and it is now firmly established as the second largest group in the state. Over 2 million Latinos call Illinois home.

Across the state, 1 in 4 children under 18 is Latino, but the proportion is much higher in areas of high Latino concentration. For example, 44% of Chicago Public School students are Latino. However, the growth is even more evident in suburban areas and all across the state including Aurora, Waukegan, Elgin, Rockford, Rock Island, Joliet, Champaign, and Metro East. Moreover, 31% of Latino Children live in poverty, a variable highly correlated with negative health outcomes. And despite the widespread perception of the Latino population as youthful, we also have a rapidly growing elder population that is not able to access appropriate support services.

Of the over 2 million Latinos in Illinois, 82% report speaking a language other than English at home. Federal Law under Title VI of the Civil Rights Act requires meaningful access to Limited English Proficiency (LEP) individuals and many other federal laws in the areas of health, education and human services also have a nondiscrimination provision in the statute. The State is already under various consent decrees to provide meaningful access to the Latino population and it is still struggling to comply with this requirement. In short,

any future oriented system transformation must take this changing demographic into account as a central guiding principle.

Without intentional thinking and planning to address the unique needs of this population, the state will risk being out of compliance with federal requirements and will be vulnerable to compliance/legal action, not to mention perpetuating the current ethnic disparities in health outcomes. For example, Latinos are less than 4% of those waiting on the Prioritization for Urgency of Need for Services (PUNS) waiting list; therefore the chances of a Latino/Latina ever getting selected are almost very dismal. The barrier to this access point for Latinos include the fact that there are no Latino led PUNS screening agencies and extremely limited bilingual capacity throughout the current system.

Furthermore, the U.S. Department of Health and Human Services Office of Minority Health has created a blueprint with guidance and implementation strategies for meeting the National Culturally and Linguistically Appropriate Services (CLAS) standards. These standards are intended to advance health equity, improve quality and help eliminate healthcare disparities by ensuring that health and health care organizations “provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.” In addition to this principal standard, additional guidance is provided in the areas of 1) governance, leadership and workforce; 2) communication and language assistance; and 3) engagement, continuous improvement and accountability. Please note that this is not just about “cultural competency;” which is too often an “add-on” to program or policy development, these standards are a matter of health equity and civil rights and at this juncture, given the growth of the Latino population in the State, a critical component of any health and human services initiative of the magnitude of the 1115 waiver.

The Illinois Latino Family Commission would like to make the following recommendations:

- 1) **Embrace the National CLAS Standards** – *The 1115 waiver proposal must, at minimum, explicitly declare a commitment to the implementation of the National Culturally and Linguistically Appropriate Services (CLAS) standards. We would encourage the State to align*

the current proposal provisions to the CLAS standards to ensure national guidelines have been considered. In addition to capacity building on integrated care already included, specific and adequate training, incentivizing and monitoring of CLAS standards should be part of the implementation plan. Alignment with the federal CLAS standards will strengthen the State's proposal.

- 2) **Protect and Improve the Home and Community Based Service Infrastructure in Latino communities** - *For this initiative to yield the positive health outcomes and savings expected, Latino led providers, who have the linguistic capacity and the trust of the community, must be intentionally integrated in the new infrastructure of care. There must be a plan for supporting the capacity building of Latino led organizations and adequate incentives throughout the implementation process to ensure Latino led providers are involved in the design and delivery of the new system of care. Great attention and intentionality must be exercised so that the new system of care does not dismantle the current health and human services infrastructure in Latino communities, diminish the work of Latino led organizations in addressing the social determinants of health, or undo the safety net that Latino families trust and depend on.*
- 3) **Build a 21st Century Workforce for a Diverse Population** – *This pathway must recognize the need for a diverse cultural and linguistic workforce and address the current challenges and opportunities. There must be greater incentives and innovation when it comes to increasing Latinos in the healthcare workforce; Latinos continue to have the highest dropout rates, and although the rates of college enrollment are increasing, college completion is not necessarily at the same pace. Therefore access and affordability to health care career pathways for this specific population must be well crafted and resourced. The Latino community has an outstanding tradition and infrastructure of peer and community health workers, or the **promotoras de salud**, which is an award winning model in many areas of the state and the nation. The drive for more standardized curriculums, certifications and technical skills is important but it must be balanced with the needs of the community, its cultural modalities of understanding health and health care, and respect for the current community infrastructure with a positive track record of supporting health for its families.*

We strongly believe that the success of any future oriented changes in the health and human services system aimed at improving health outcomes and efficiencies, MUST address critical issues of health equity for Latinos, the largest growing population in the State. We look forward to working with all of you to ensure that Latinos are an integral part of this important transformation.